

IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF ALABAMA
NORTHERN DISTRICT

2006 OCT 10 A 10:55

JAMES G. HUFFMAN,

Plaintiff,

vs.

CIVIL ACTION NO. 2:06-CV-748-MEF
(WO)

SOUTHERN HEALTH SERVICES
PARTNERS, AUTAUGA COUNTY
METRO JAIL, SHERIFF HERBIE
JOHNSON, LARRY NIXON AND
DR. NICHOLSON, M.D.

Defendants.

REPORT BY DEFENDANTS, AUTAUGA COUNTY METRO JAIL,
SHERIFF HERBIE JOHNSON and
LARRY NIXON TO ABOVE-STYLED ACTION

COMES NOW the Defendants, AUTAUGA COUNTY METRO JAIL, SHERIFF HERBIE JOHNSON and LARRY NIXON, in the above-styled cause and after a review of the subject matter of the Complaint provides to this Honorable Court a report as requested by Order dated the 30th day of August, 2006.

A. FACTS AND CIRCUMSTANCES

The Plaintiff, JAMES G. HUFFMAN, was incarcerated in the Autauga County Metro Jail from September 13, 2005 until February 6, 2006 and from April 30, 2006 to the present date.

The Plaintiff's complaint revolves around the following items:

1. Medical Conditions not being adequately treated through a denial of medication.
2. Southern Health Partners' failure to provide their corporate address.
3. Southern Health Partners' failure to provide the name and address of its President and Board of Directors.
4. Southern Health Partners' failure to provide the names of the nurses employed by them.

SCANNED
10/10/06

See attached statements of Sheriff James Johnson and Deputy Sheriff Larry Nixon attached hereto as Exhibits "A" and "B" and made a part hereof and which provides a summary of the facts and circumstances surrounding this matter.

B. CORRECTIVE ACTION BY PRISON OFFICIALS

The Autauga County Sheriff's Office does not see a need to take any corrective action since it feels that its present policies and procedures dealing with inmate medical treatment is appropriate. Since the items directly concerning Southern Health Partners do not address any items to the Defendants herein, no further statements will be made concerning same.


C. OTHER COMPLAINTS

The other complaints known to the Defendants deal with a Complaint pending in this Court by the following individual:

Thomas Andrew Hollis v. Nurse Tina Ellis, et al under Civil Action No. 2:06-CV-814-WKW dealing with medical treatment. This case is in the beginning stages of response.

The allegations in the Complaint appears to be similar enough to warrant consolidation of the claims if this Court so orders.

DATED: October 9, 2006



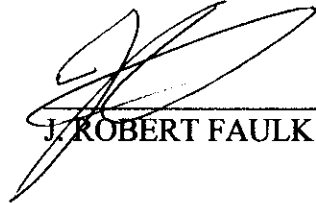
I. ROBERT FAULK (FAU002)
Attorney for Defendants

OF COUNSEL:
McDOWELL, FAULK & McDOWELL, L.L.C.
Attorneys at Law
145 West Main Street
Prattville, AL 36067
(334) 365-5924 Telephone
(334) 365-6016 Facsimile
robert@mcdowellfaulk.com

CERTIFICATE OF SERVICE

I hereby certify that I have on the 9th day of October, 2006 served a copy of the foregoing on Mr. James G. Huffman by hand delivery to the Autauga County Metro Jail and address as follows:

Mr. James G. Huffman
Autauga County Metro Jail
Autauga County Courthouse
Prattville, AL 36067



J. ROBERT FAULK

EXHIBIT A

EXHIBIT "A"

STATE OF ALABAMA

COUNTY OF AUTAUGA

AFFIDAVIT OF SHERIFF JAMES JOHNSON

BEFORE ME, the undersigned, a Notary Public in and for said County and State personally appeared JAMES JOHNSON, whose name is signed to the Affidavit and who is known to me and who being by me first duly sworn, doth depose and say as follows:

My name is JAMES JOHNSON and I am the Sheriff of Autauga County, Alabama. I have been the Sheriff for fifteen and one-half (15 ½) years.

The purpose of this Affidavit is to provide to this Honorable Court the facts and circumstances surrounding a Complaint filed in this Court by JAMES G. HUFFMAN by Civil Action No. 2:06-CV-748-MEF.

James G. Huffman is currently an inmate in the Autauga County Metro Jail and his dates of incarceration were September 13, 2005 to February 6, 2006 and from April 30, 2006 until the present. He files this Complaint with this Honorable Court alleging inadequate medical treatment by the Autauga Metro Jail, Sheriff James Johnson and Deputy Larry Nixon. He also alleges inadequate medical care against Southern Health Partners and Dr. Kenneth Nicholson (actually Nichols), M.D. Furthermore, he alleges that Southern Health Partners refuses to supply him with requested information concerning their employees and corporate structure.

Since the only complaint against myself and the Autauga County Metro Jail is an allegation concerning inadequate medical treatment, I will address only that item. It is true that the inmate has some health problems which includes a heart condition. As such, I am enclosing copies of Mr. Huffman's medical files which are attached hereto as Composite Exhibit "C" and made a part hereof

and which contain the following records:

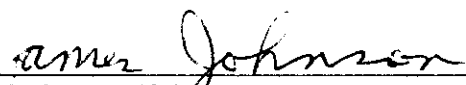
1. Order of Commitment.
2. Initial Inmate Assessment
3. Prattville Fire/EMS Report
4. Prescriptive drug records.
5. Progress notes.
6. Refusal of Treatment and Release of Responsibility
7. Medication Administration Records
8. Radiology Report
9. Inmate Sick Call Slips
10. Hospital records from Baptist Health
11. Admission Data/History and Physical Form

Our jail is a narcotic free facility. This means that when an inmate is housed in our jail and was previously on a narcotic prescription, Dr. Kenneth Nichols, jail physician, will substitute a non-narcotic medication for the narcotic medication. (For example, Plavix is equivalent to ASA which is nearly equivalent to aspirin to prevent blood clots in heart patients.) Apparently, Mr. Huffman is complaining because he is not receiving his "brand name" prescriptions. However, as is evident from the Medication Administration Records attached hereto, Mr. Huffman is receiving substantial amounts of medication as prescribed by Dr. Nichols.

In addition to the above and as further explanation, inmates are provided medical care by Dr. Nichols and administered by Southern Health Partners. They fill out a doctor's slip and the inmate is treated either by a nurse provided by Southern Health Partners or by Dr. Nichols, as the case may be. Dental care is provide by Dr. J. Ronald Roberson under the same conditions as medical care is

provided by Dr. Nichols.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 9th day of October,
2006.



JAMES JOHNSON
Sheriff
Autauga County, Alabama

SWORN TO and SUBSCRIBED before me on this the 9th day of October, 2006.



NOTARY PUBLIC

My Commission Expires:
J. ROBERT FAULK
A Notary Public of Alabama
My Commission Expires August 11, 2007

J. ROBERT FAULK
A Notary Public of Alabama
My Commission Expires August 11, 2007

EXHIBIT B

EXHIBIT "B"

STATE OF ALABAMA

COUNTY OF AUTAUGA

AFFIDAVIT OF DEPUTY SHERIFF LARRY NIXON

BEFORE ME, the undersigned, a Notary Public in and for said County and State personally appeared LARRY NIXON, whose name is signed to this Affidavit and who is known to me and who being by me first duly sworn, doth depose and say as follows:

My name is LARRY NIXON and I am a Deputy Sheriff for Autauga County, Alabama. I have been a Deputy Sheriff for 12 years. I am also the Chief Jailer for the Autauga County Metro Jail.

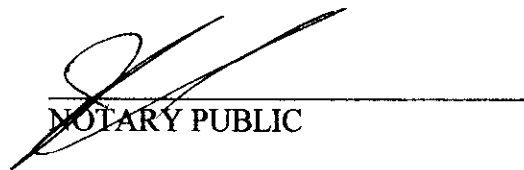
I have read the Affidavit of Sheriff Johnson and concur in his report and to the accuracy thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 9th day of October, 2006.



LARRY NIXON
Chief Jail
Autauga County Metro Jail
Autauga County, Alabama

SWORN TO and SUBSCRIBED before me this the 9th day of October, 2006.


NOTARY PUBLIC

My Commission Expires:

J. ROBERT FAULK
A Notary Public of Alabama
My Commission Expires August 11, 2007

EXHIBIT

C

~~NOTICE~~
ORDER OF COMMITMENT/~~RELEASE~~ FORM

IN THE CIRCUIT COURT OF
AUTAUGA COUNTY, ALABAMA

EXHIBIT

C

TO THE JAILER OF AUTAUGA COUNTY

STATE OF ALABAMA

v.

James G Huffman

PLAINTIFF

DEFENDANT

CASE NO. CC-05-201 CHARGE Obt Drugs By Fraud

☐ Sentenced to Penitentiary

☒ Sentenced to County Jail

☐ Released from Jail

☐ Hold in Jail Until Further Notice

☐ Contempt - Defiant to Pay

☐ Weekends in Jail: Report to Jail by _____ a.m./p.m. on _____
and release at _____ a.m./p.m. on _____

☐ Probation Revoked _____

☐ Other _____

DATE: 6/7/06

W. J. Reynolds
CIRCUIT JUDGE SIBLEY REYNOLDS

JAMES W. JOHNSON

Foregoing Order executed by _____
SHERIFF

BY: Sgt W J Johnson D.S.

DATE: 06-07-06

09/13/05
19:33

AUTAUGA COUNTY METRO JAIL
Initial Inmate Assessment:

562
Page: 1

Booking Number: 33089 Confined - No loc
Name Number: 76393 JAMES GRANT HUFFMAN

Active

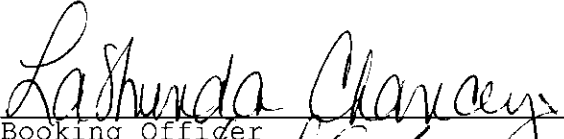

Added By: 562 Modified By: 562
Added When: 19:30:20 09/13/05 Modified When: 19:33:13 09/13/05
(See below)

= = = = =

Assessment Text:

Part One: Answer each question based on your observation of the inmate:

1. Is the inmate disoriented, confused, or unconscious?
n
2. Does the inmate complain of pain?
y chest pains medics was called to this situation
3. Does the inmate have visible trauma or bleeding?
n
4. Are there visible signs of alcohol or drug influence?
n
5. Are there visible signs of withdrawal from alcohol or drugs?
n
6. Is there evidence of swelling, infection, or skin marks?
n
7. Is there evidence of vermin or jaundice?
n
8. Does the inmate carry medications or report being on medications?
yes
9. Is behavior suggestive of assault risk for staff or other inmates?
n
10. Is the inmate's behavior violent or aggressive?
n
11. Do the inmate's wrists have any scars?
n
12. Describe special measures you have taken for this inmate:
called medics to have him checked medics said he was ok see reports


Booking Officer

Supervisor

Laser Copy 08/04

HIPAA Privacy Policy Notice

THIS NOTICE DESCRIBES OUR PRIVACY POLICY, DESCRIBES YOUR RIGHTS, AND DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED TO OTHERS. PLEASE REVIEW IF CAREFULLY. YOUR HEALTH AND YOUR PRIVACY ARE OUR CONCERNS.

Prattville Fire & Ambulance wished to inform you of your rights regarding your private health care information. You have the right to review our Privacy Policy prior to signing the consent. By signing our consent, you acknowledge that you have had the opportunity to review our Privacy Policy. In the event that our policy changes and you want a revised copy, please contact us at 102 West Main Street, Prattville, AL 36067.

You also have the right to request that we restrict the method in which we use or disclose your health information for purposes of treatment, payment, or other health care operations. We have the right to refuse to comply with your request.

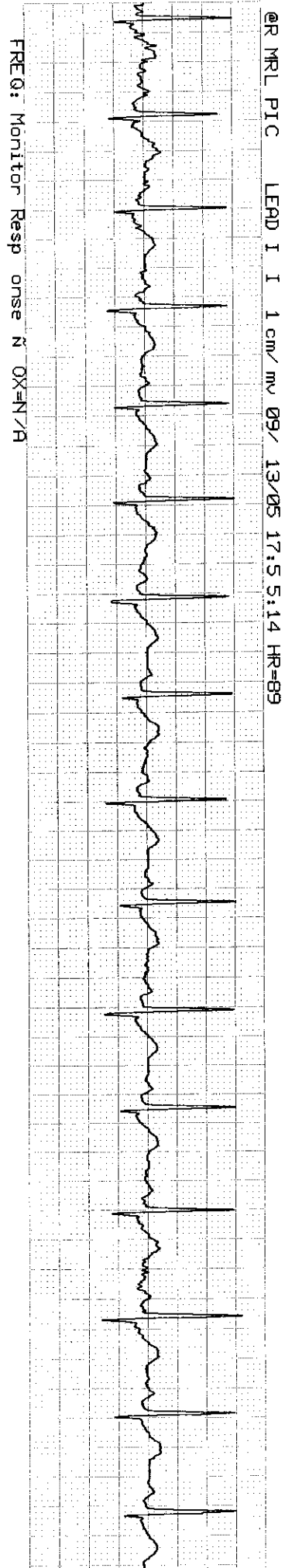
By signing the consent, you expressly acknowledge our use and disclosure of your health information for purposes of treatment, payment, or other health care operations. This notice will not expire and will apply to services provided to you from this day forward.

We will keep and record information about your medical condition. We may use this information or disclose this information to others as follows:

We may use or disclose your health information in order to **treat** you. For example, we may advise the health care provider which we are transporting you to of your medical condition, including your vital signs and medication we have administered to you. We may also disclose your condition to family or care-givers who are involved in your medical care.

We may use or disclose your health information in order to **receive payment** for the services we provide to you. For example, we may disclose your condition in order for your insurance company to understand why you received treatment so that they will pay your claim. We may also disclose your information to our billing department/ billing company/ attorney in order to seek payment for the services we provide to you.

We may use or disclose your health information for our **operations**. For example, we may review your information in order to evaluate your treatment and our services in order to insure that our care for you and in the future is the best that it can be. We may use your health information to contact you in the future. We may also disclose your information as required by law.





Inmate Name: Huffman, James
 D.O.B. or I.D. #: 10/29/53
 Allergies: Codeine

Start at top and write subsequent orders below

Date of physician's order:

5/25/06

Zan-Itac 150mg po bid x 10 days.

NYS

Date of physician's order:

5/26/06

Keflex 500mg $\ddot{\text{u}}$ BID x 7 days per H. protocol - M. D. H.

Date of physician's order:

6/26/06

Zantac 150mg BID
 vs H. per H. protocol - J. Elts, M.D.

NYS

Date of physician's order:

6/29/06

mebol dose pk.
 p dose pk. is gone give Ibuprofen 1200mg
 bid x 7 days
 Robaxin 750mg $\ddot{\text{u}}$ bid x 7 days.

NYS

Date of physician's order:

Date of physician's order:

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
10/29/06	
	<p>Got pushed down the stairs yesterday. Fell from the top to the bottom. Have pain in his lower back on the left. Goes down back of @ Thigh.</p>
	<p>PE: @ tends to spasm left lumbar area.</p>
	<p>H: Back pain.</p>
	<p>Plan → medrol dose. pk, then Motrin 8/1200 back b.i.d. x 7 days Robaxin 750 2 b.i.d. x 7 days.</p>
	<p style="text-align: right;">MJS</p>
Doctor's Signature: _____	

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

Southern Health Partners, Inc.

Confidential

Refusal of Treatment
and
Release of Responsibility

Inmate's Name: James HuffmanDate of Birth: 10-29-53 Social Security No.: 418-78-9424Date: 9-2-06 Time: 5:00 a.m. (p.m.)

This is to certify that I, James Huffman
(Print Inmate's Name)
 currently in custody at the Autauga Co. Metro Jail
(Print Facility's Name)

I have been told about the risks of refusing treatment for my current medical condition and acknowledge that I understand all medical information, current diagnosis, and future procedures that have been explained to me.

I am refusing any and all medical procedures and/or treatments of my current medical condition. If I decide to obtain medical treatment regarding my current condition, I will notify the medical staff immediately. I understand the limitations of treatment that may have been based on my refusal of prior treatment.

Therefore, I release Southern Health Partners, Inc., its staff, the facility and its staff and administrator(s) from all responsibility and I assume personal responsibility for the conditions that may occur as a result of my refusing treatment as prescribed by the medical staff of the facility and/or outside consultation services.

I am refusing from this date on 09/02/06

James Huffman *JE, MTA*
 Signature of Inmate Signature of SHP Medical Representative

Witness

9-2-06
Date

cc: Confidential Medical File
Jail Administrator

Inmate has requested we stop all of his meds except Vistaril, Elavil, Aspirin because he is unable to pay for all of it. JE, MTA

3712 Ringgold Road, #364
Chattanooga, TN 37412
423-553-5635 Phone
423-553-5645 Fax

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
	<u>JAMES HUFFMAN</u>
10/10/06	<p>Has lower back pain about every day. Worse standing up. Goes in to a room when he picks up some thing off the floor. Goes in to left hip. Had one back operation by Bradley. - This was in Sept 2001. He is refusing his meds. He says they cost too much. When he went from Chilton Co. to Alabaster he ended up in Shelby Co Medical & says he had a heart attack. Is still on his Aspirin, Plavix & V.3 for 1 - doing o.k. & that.</p> <p>PE: BP 148/92 Lungs - clear CW - RRR 5 @ 40% M/S - @ tender over lumbar spine</p> <p>A: DDD back ASCD</p> <p>Plan -> Ibuprofen 800 bid x 10 days @ a time prn. Flexril 10mg bid. x 5 days. Stay on low salt diet + vasotec -</p> <p style="text-align: right;"><i>W. S.</i></p>
Doctor's Signature: _____	

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

Physician's Orders

Southern Health Partners, Inc

Inmate Name: <u>Haffman, James</u>	Facility: <u>Autauga</u>
SSN: _____	County <u>8</u>
DOB: <u>10-29-53</u>	Jail
Allergies: <u>NKA</u>	

Date: <u>9/21/06</u>	Date: _____
<u>Ibuprofen 800 b</u>	<u>id x 10 days prn,</u>
<u>Flexeril 10mg</u>	<u>bid x 5 days</u>
<u>persantine 2</u>	
M.D. Sig: _____	M.D. Sig: <u>[Signature]</u>
Date: <u>Loxastatin 40</u>	Date: <u>mg daily</u>
<u>Vasotec 20mg</u>	<u>bid.</u>
M.D. Sig: _____	M.D. Sig: <u>[Signature]</u>
Date: _____	Date: _____
M.D. Sig: _____	M.D. Sig: _____
Date: _____	Date: _____
M.D. Sig: _____	M.D. Sig: _____

Southern Health Partners

MASTER PROBLEM LIST

For Use with Chronic Condition Patients. Chronic Conditions are classified as (but not limited to): Diabetes (IDDM/NIDDM), Hypertension, Pregnancy, HIV/AIDS, Asthma, Seizures, Diagnosed Mental Illness, CHF, Hepatitis.

Patient's Name (Last/First/Middle): Huffman, James.

ID#: 33089 DOB: 10/29/53 Sex: M Intake Date/s: _____

Date Problem Identified/Dx	Chronic Condition	M.D. Comments	Date Of Initial M.D. Eval	M.D. Initials
11/1/05	H T N			N
11/1/05	Depression			N

H & P Date: 1/3/06 Allergies: NKA

PPD Test Date: 1/3/06 PPD Results Date: 1/5/06 PPD Results: 0 mm

Facility Name: Antigua Co Jail

Revised: 02/18/04 J.C.

MEDICATION ADMINISTRATIVE RECORD

Pg. 282

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Lorazepam 40mg q. am ordered 9/21/06	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Vasotec 20mg BID ordered 9/21/06	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

STARTING FOR: 9-21-06	THROUGH 9-31-06	Telephone No.	Medical Record No.
Physician: Nichols		Alt. Telephone	
ergies: NKA		Rehabilitative Potential	

Diagnosis	Medicaid Number	Medicare Number	Approved By Doctor:	Title:		Date:
RESIDENT: Huffman James			By: D.O.B. 10/29/53	Sex: m	Room: 602D	Admission Date:

MEDICATION ADMINISTRATIVE RECORD

AUTAUGA COUNTY JAIL
HUFFMAN, JAMES
REPORT DATE : 09/06

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY <i>D/C mmo</i>	05/08/07 0800 10am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ENALAPRIL MALEATE 20 MG T VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY <i>D/C pmm</i>	05/15/07 0800 10am 1700 6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY <i>Cont. out ordered 9-21-06</i>	05/03/07 0800 10am 1700 6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING <i>D/C mmo</i>	05/08/07 1700 6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING <i>Cont.</i>	05/03/07 1700 6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325 mg $\frac{1}{2}$ BID <i>Cont.</i>	10am 6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Zantac 150 mg. BID <i>OK</i>	10am 6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ibuprofen 800 mg. BID x 10 days PRN 9/21/06	10am 6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flexeril 10 mg. BID x 5 days Ordered 9/21/06	10am 6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ARTING FOR	09/01/06	THROUGH	09/30/06	PAGE	1 OF 1
Physician	NICHOLS, KEN	Telephone No.			
Physician	NICHOLS, KEN	Alt. Telephone			
ergles	NKA	Rehabilitative Potential			

agnosis	Medicaid Number	Medicare Number	Approved By Doctor:		
RESIDENT	HUFFMAN, JAMES	D.O.B.	Sex	Room	Patient Code
		10/29/1953	M	#	HUFFMAN
					Date
					09/06/06

**SOUTHERN RADIOLOGY SERVICES, LLC
X-RAY REPORT**

DATE	LAST NAME	FIRST NAME	MI
7/5/2006	HUFFMAN	JAMES	
D.O.B.	SEX	FACILITY	
		SHP-AUTAUGA CO JAIL	
ORDERING PHYSICIAN		X-RAY NO.	
NICHOLS			

LEFT ANKLE, TWO VIEWS, 07/05/06: Anterior tibial and dorsalis pedis artery calcifications are present. No fracture, dislocation or any significant bony abnormality identified.

DICTATED BUT NOT REVIEWED

Randall Finley, M.D./pag

tt: 7/5/2006 1:53:24 PM

td: 7/5/2006 1:41:33 PM

Please Indicate Patient Status:

ALABAMA / MISSISSIPPI
1-800-845-8183**SOUTHERN RADIOLOGY
SERVICES, LLC**

PLEASE PRINT

☐ Bill Facility (Medicare Part A Skilled)
☐ Bill Insurance (3rd Party Non-Skilled)
☐ Hospice
☐ Employee

PATIENT: <u>Huffman</u> <u>James</u>		RESPONSIBLE PARTY INFORMATION (MUST BE COMPLETED FOR ALL PATIENTS)	
DOB: <u>10/24/63</u> SEX: <u>(M)</u> F ROOM #: _____	NAME: _____	PHONE #: _____	
FACILITY: <u>Outpatient</u> <u>Medico</u>	ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____	
PHONE: <u>334-358-3729</u> FAX: <u>334-358-4827</u>	PATIENT SIGNATURE: _____		
SS#: <u>418-78-9424</u>	Patient's or Authorized Person's Signature. I authorized the release of any medical or other information necessary to process this claim. I request payment of government/insurance benefits be made to the provider performing services.		
MEDICARE #: _____ CODE _____	<input type="checkbox"/> Patient Unable to Sign		
MEDICAID #: _____ CODE _____			
INSURANCE: _____ CODE _____			
INSURANCE #: _____ PRE CERTIFICATION # _____			

EXAMS REQUESTED: Please Mark Each Clearly
X-RAY EXAMS

74000	Abdomen, 1 View		73520	Hip, Min 2 Views w/Pelvis	L R	73590	Tibia/Fibula, 2 Views	L R
✓ 73600	Ankle, 2 Views (AP 7 LAT)	L R	73510	Hip, Comp Min 2 Views	L R	73100	Wrist, 2 Views	L R
73610	Ankle, Comp Min 3 Views	L R	73060	Humerus, Min 2 Views	L R	73110	Wrist, Min 3 Views	L R
73650	Calcaneus (Heel), 2 Views	L R	73560	Knee, 2 Views	L R		OTHER _____	
71010	Chest, 1 View (AP)		73562	Knee, 3 Views (inc OBLQ)	L R		OTHER EXAMS	L R
			70160	Nasal Bones, Comp Min 3 Views				
71111	Chest With Ribs, 4 Views		72170	Pelvis, 1 Views				
73000	Clavicle, Complete	L R	71100	Ribs, 2 Views	L R	93000	EKG Pacemaker:	Y N
73070	Elbow, 2 Views	L R	72220	Sacrum/Coccyx, Min 2 Views		95819	EEG	
73080	Elbow, Comp 3 Views	L R	73030	Shoulder, Min 2 Views	L R			
73550	Femur, 2 Views	L R	70210	Sinuses, Less Than 3 Views				
73620	Foot, 2 Views	L R						
73630	Foot, Comp Min 3 Views	L R	70250	Skull, Less Than 4 Views				
73090	Forearm, 2 Views	L R	72040	Spine, Cervical 2 Views				
73120	Hand, 2 Views	L R	72100	Spine, Lumbosacral 2 Views				
73130	Hand, Min 3 Views	L R	72070	Spine, Thoracic 2 Views				

DIAGNOSIS/SYMPOM(S): Please Mark ALL that apply

787.3	Abdomen Distention (Flatulence)	496	COPD, Chronic Obstructive Pulm. Dis.	560.9	Obstruction, Intestinal
787.5	Abnormal Bowel Sounds	786.2	Coughing	✓	Pain in _____
413.0	Angina		Dislocation of _____	485	Pneumonia, Confirmed
	Arthritis of _____	780.4	Dizziness	514	Pneumonia, Probable
429.2	ASCVD, Arteriosclerotic cardiovas. Dis.	787.2	Dysphagia (Difficulty Swallowing)	795.5	Positive Mantoux, PPD
427.31	Atrial Fibrillation	782.3	Edema (Swelling)	518.4	Pulmonary Edema, NOS
507.0	Aspiration	492.0	Emphysema	515	Pulmonary Fibrosis
427.89	Bradycardia	780.6	Febrile (Feverish)	786.7	Rales in Chest
	Bruise of _____		Possible Fracture of _____	786.09	Shortness of Breath
466.0	Bronchitis, NOS	560.39	Impaction	780.2	Syncope & Collapse
	Carcinoma of _____	518.3	Infiltrate, Lung	785.0	Tachycardia
429.3	Cardiomegaly	410.92	Myocardial Infarction	011.90	Tuberculosis
786.50	Chest Pain, Unspecified	787.01	Nausea and Vomiting	519.8	URI (Chronic)
514	Congestion, Chest				OTHER _____
428.0	Congestive Heart Failure				

PHYSICIAN'S SIGNATURE: _____	NURSE'S SIGNATURE: <u>J. Ellis, MTA</u>	X-RAY # _____	TECH: <u>RD1</u>
ORDERING PHYSICIAN: <u>K. Nichols</u>	CODE _____	DATE: <u>7/5/06</u>	# VIEWS: <u>2</u>
PHONE #: _____	FAX: _____	ARRIVE TIME: <u>9:30 AM</u>	Q0092 # <u>1</u>
		DEPART TIME: <u>9:55 AM</u>	# PTS SEEN <u>2</u>

PRELIMINARY REPORT:



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 08/29/06 Pod/Location: 16 Pod Cell: 601 ID# _____

Inmate's Full Name: JAMES G. HUFFMAN

Complaint/Problem: Please drop all my medications & except my Aspirin, Elavil and listril[®] due to the fact I can't afford to pay for it because of the \$102.00 debt *

How long have you had this problem? _____

Inmate's Signature: James G. Huffman Date: August 28, 2006

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again _____
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: _____ Seen by: _____

Place original form in patient's medical record.

* that occurred due to a mix-up in the medication listing of ordered meds not having been sent to



3rd Sick call request about ankle
07/04/06

INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 07/04/06 Pod/Location: 5 Cell: 507 ID#: 76363

Inmate's Full Name: JAMES G. HUFFMAN

Complaint/Problem: My ankle on the left leg is swollen and I can not put weight on it because of the severe pain. It needs to be X-rayed. Also my back is hurting real badly since I was pushed down the stairs in 3 pod by Robert Millwood.

How long have you had this problem? Since June 26, 2006 when pushed down stairs in 3 pod

Inmate's Signature: James G. Huffman Date: 06/07/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions

Received Orders – ☐ Treatment Protocols; via telephone order; via verbal order

Follow-Up Required? ☒ checked, to be seen again

Chronic Condition _____

Inmate to be charged through medical co-pay for this visit _____

Seen by Medical: _____ Seen by: _____

Original form in patient's medical record.

ordered X-ray
+ already on IBU



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 06/28/06 Pod/Location: 6 pod Cell: floor ID# _____

Inmate's Full Name: James Grant Huffman

Complaint/Problem: I am experiencing severe pain in my back, neck and hip from the injuries I received when I was pushed down the stairs in 3 pod when I was assaulted by another inmate on June 26, 2006
 How long have you had this problem? since I was assaulted on 06/26/06

Inmate's Signature: _____ Date: _____

TO BE COMPLETED BY MEDICAL STAFF:

State Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

M.D.

Received Orders – thru Treatment Protocols; via telephone order; via verbal order

Follow-Up Required? If checked, date to be seen again _____

Chronic Condition _____

Inmate to be charged through medical co-pay for this visit _____

Seen by Medical: _____ Seen by: _____

original form in patient's medical record.

[Signature]



Hunt Smith
663-5775

Rx NO. _____

DEA NO. _____ ALA. CSC NO. _____

PATIENT James Hiff DATE 4/26/06

ADDRESS _____ AGE _____

REFILL

0 X

1

2

3

4

5

6

PRN

1) Plavix 75g $\dot{\bar{r}}$ po q d #302) Monopril 20g $\dot{\bar{r}}$ po q d #30

3) Zocor 40g po. q hs #30

X Refill

W. Smith PA
Product Selection Permitted

LABEL BY NAME AND STRENGTH

M.D.

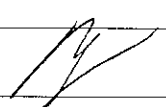
M.D.

Dispense As Written

W. Smith PA - 408 / Dr. McBrayer

SM-91-5067 #A01078 REV. 2/02/05

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
5/11/06	<p>Back in jail since 4/30.</p> <p>Had a heart cath in Alastor on 4/23 & D/C'd on 4/27 had PTA & a stent.</p> <p>Have had a lot of pain in left groin & testicles swollen a little. When he got off peds in ptg & was he passed out & had to have bloodly stopped at Jackson in emergency - ? got some blood. Still redness in groin.</p> <p>PH: /</p> <p>Re: breast inj. bruise on left vs. Wenstana vs. onysium in inguinal canal.</p> <p>A: ABCD PHN Play → same R.</p> <p>5/25/06 Still pretty sore in left inguinal area. Also have some bruising in upper abdomen.</p> <p>PH: /</p> <p>① tender epigastrium ② tender on left breast area. No hwy felt.</p> <p>A: ABCD Castrate Play → 2 ante 150 brel x 10 d.</p> <p>Doctor's Signature: </p>

NAME-Last

Huffman

First

James

Middle

Attending Physician

Record No.

Room/Bed

☐ SOUTH 286-2843
☐ EAST 244-8448
☐ PRATTVILLE 361-4239



%

F0615000782 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #: 191817
 Admit Date/Time: 05/30/06 1929P
 917 SULLIVAN, JOEL C

ptist
 LTH

ER PRESCRIPTION & DISCHARGE INSTRUCTIONS

Page 1 of 3

PRESCRIPTION FORM

Weight	Phone	Allergies	Tetracycline	Location SOUTH
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/> VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.		

Name/Strength;	Number	Schedule / Duration	No Refills	Refills
1. Plavix #30 i.p. daily			<input checked="" type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

Dante DeJesus
 DEA - BD 9322063
 AL 26777

Joel Sullivan
 DEA - AS2020066
 ARN - 10094

Ronald A. Shaw
 DEA - BR2471326
 AL - 6388

Julio Enrico Rios
 DEA - BR2471326
 ARN - 21678

Wallace Falero
 DEA - AF1692119
 AL - 9405

James M. Bradwell
 DEA - BB6422086
 AL - 22767

David G. Alexander
 DO - 657
 AA3259226

John Moorehouse
 DEA - AM6869119
 ARN - 7151

Jessie Austin
 DEA - AD8394075
 ARN - 8595

Julian Mahaganasan
 DEA - BM7657121
 AL 24516

George Smith
 DEA AS2179706
 AL 11413

James Thomas
 DEA - BT3642938
 DO 374

Victoria L. Beckman
 DEA - BB6253885
 AL - 22440

Carlos Gutierrez
 DEA - BG6616203
 AL 24653

Joshua Kotbuc
 DEA - BK3928724
 AL 28945

James Matic
 DEA BM3360536
 AL 17681

David Hines
 DEA BH2531160
 AL 22703

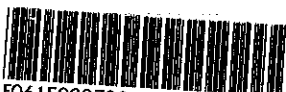
LABEL ALL PRESCRIPTIONS
 No Refills

Product Selection Permitted

M.D./D.O.

Dispense as Written

M.D./D.O.



F0615000782 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #: 191817
 Admit Date/Time: 05/30/06 1929P
 917 SULLIVAN, JOEL C



ER PRESCRIPTION & DISCHARGE INSTRUCTIONS

Page 3 of 3

DISCHARGE INSTRUCTIONS - MEDICAL CHART

Weight	Phone	Allergies	Location SOUTH
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.
Name/Strength;	Number	Schedule / Duration	No Refills
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>

INSTRUCTIONS SHEET(S) GIVEN

- ☐ Asthma
☐ Back Pain
☐ Cast/ Splint Care
☐ Crutches
☐ Fever
☐ Fracture

- ☐ Head Injury
☐ Otitis Media
☐ Sprains / Bruises
☐ ST

- ☐ Threatened Ab
☐ Vomiting / Diarrhea
☐ Wound Care
☐ Other(s)

Return for signs of infection
 Increased Redness
 Increased Swelling
 Increased Drainage
 Increased Heat

Additional Instructions:

Referred to:

- ☐ Dr. James G. Huffman
 Phone: _____
☐ Call on next business day for follow-up appointment
 in _____ days / weeks ☐ Next available

- ☐ Return to Emergency Dept in _____ hours / days for recheck.
☐ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
☐ Learning needs assessed ☐ Instructions Modified
☐ Education provided on new Medication Plavix

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I many have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

X James G. Huffman
☐ Patient
☐ Relative
☐ Other

Time Released:

>

2:20 PM

INSTRUCTED BY:

PHYSICIAN:

WORK/SCHOOL STATEMENT from the Emergency Department

PATIENT

DATE

- ☐ Patient was seen by Dr. _____
☐ No athletics / physical education: _____ days
☐ May return to work/school without restrictions
☐ Will require time off work / school. Estimated time: _____ days*
☐ Must be reevaluated by family / occupational physician before returning to school / work.

- ☐ May return to restricted duties for _____ days*
 Restrictions: _____
☐ _____ was here with relative/child.
☐ Other _____

Time off from school or work longer than three days should be approved by a Personal or Company/Occupational Medicine Physician, unless otherwise stated.



ER 160



Corporate Office: 3712 Ringgold Rd., #364, Chattanooga TN 37412 Phone: (423) 553-5635 Fax: (423) 553-5645

PATIENT REFERRAL INFORMATION FORM

This patient is currently incarcerated at the jail facility listed below. Patient has been referred to your ER/facility in regarding to his symptoms/conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the jail facility to ensure justification. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an estimated length of stay to our Utilization Review Department at our corporate office (423) 553-5635. Certification, justification, and/or treatment plan of continued services must be obtained to guarantee payment of the claim. Please note we have a NO NARCOTIC policy at the jail due to the uncontrolled access to medications within the facility. Please refer to our site medical staff for formulary adherence. Thank you for your cooperation in this matter.

TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:

DATE: 5/30/06 PATIENT'S NAME (LAST/FIRST): Huffman, James
 HOUSING FACILITY/SITE: Autauga Metro Jail
 D.O.B.: 10-29-53 SEX: (M) F S.S.#: 418-78-9424 I.D.#: 33089
 SITE PHYSICIAN: K. Nichols SITE MEDICAL CONTACT (RN/LPN): Lina Ellis, MTA
3729
 SITE MEDICAL UNIT PHONE #: 334-358-3000 SITE MEDICAL UNIT FAX #: 334-358-4827

REASON FOR REFERRAL: (INCLUDE HX OF ILLNESS/INJURY, PRESENT AND PAST TREATMENT WITH PATIENT RESULTS, LAB AND/OR X-RAY RESULTS, FINDINGS FROM PHYSICAL EXAM, PATIENT LIMITATIONS, ETC.):

Severe Chest pain

SERVICE REQUESTED: Eval.

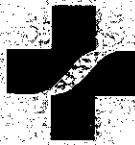
TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:

FINDINGS: Normal LKG + labs
 PLANNED TREATMENT: Return to jail - Return for problems - needs to follow up with
 ER/HOSPITAL PHYSICIAN ORDERS: Aug 2
 ER/HOSPITAL CONTACT (INCLUDE PHONE NUMBER): BMC Prison
361-4239
 NOTE(S):

Joel Sullivan, MD
 AL10094
 DEA AS2020000

PLEASE RETURN THIS FORM WITH THE CORRECTIONAL STAFF UPON DISCHARGE OF THE PATIENT OR FAX DIRECTLY TO THE SITE FAX NO. NOTED ABOVE. IF INPATIENT HOSPITALIZATION IS REQUIRED, MEDICAL STAFF MUST BE NOTIFIED IMMEDIATELY. THANK YOU.

☐ SOUTH 286-2843
☐ EAST 244-8448
☐ PRATTVILLE 361-4239



Baptist Health
Emergency



B0611900267 HUFFMAN, JAMES G
 DOB: 10/29/53 Age: 52Y MR #: 319167
 Admit Date/Time: 04/29/06 1755P
 915 FALERO, WALLACE G

RESCRIPTION FORM

Weight	Phone	Allergies	Location South
--------	-------	-----------	-------------------

MEDICINES PRESCRIBED

If non, check this box: ☐

VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.

Name/Strength	Number	Schedule / Duration	No Refills	Refills
1.			<input type="checkbox"/>	
2. <i>Ultram 50</i>	<i>#30</i>	<i>T-T po q 4h prn pain</i>	<input checked="" type="checkbox"/>	
3. <i>Phenytek 25</i>	<i>#10</i>	<i>T po q 6h prn</i>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

Emilio Belaval

AL - 22654
 DEA - B85295248

Joel Sullivan

DEA - AS2020066
 ARN - 10094

Ronald A. Shaw

AL - 6388
 DEA - AS5646813

Julio Enrico Rios

ARN - 21678
 DEA - BR2471326

Wallace Falero

AL - 9405
 DEA - AF1692119

James M. Bradwell

DEA - BB6422086
 AL - 22767

David G. Alexander

DO - 657
 AA3259226

John Moorehouse

DEA - AM6869119
 ARN - 7151

Jessie Austin

DEA - AA8394075
 ARN - 8595

Tom Decaro

DEA - AD2628355
 ARN - 11369

Henry Kurusz III

DEA - AK2572116
 AL - 22198

Victoria L. Beckman

DEA - B862553885
 AL - 22440

Steven G. O'Mara

DEA - BQ1736074
 DO - 713

Brad Frieble

DEA - BF2524583
 ARN - 15396

Thomas Arnold

DEA - AA9548655
 ARN - 16275

Paul Tanaka

ARN - 7153
 DEA - 8922-898

DAVID A HINES
BH2531160
22703

Label all prescriptions

No refills

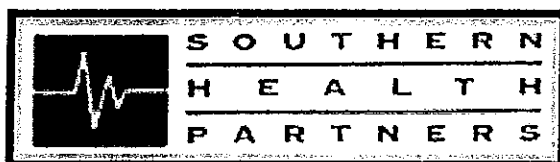
M.D./D.O.

Product Selection Permitted

Dispense as Written

M.D./D.O.

BSB-0082 (06/02)



Inmate Name: Huffman, James
 D.O.B. or I.D. #: 10/29/53
 Allergies: NKDA

Start at top and write subsequent orders below

Date of physician's order:

11/8/05

*Noted
J. Cooley
11/8/05
1200/10*

D/C Paxil (Paroxetine) 40mg Q.P.M.
 when current medication gone.

Then Start

Paroxetine 20mg $\ddot{=}$ tabs Q.P.M.

per V.O. Dr. Nicholas / J. Cooley, GP

Date of physician's order:

11/9/05

DC Plavix 75mg

ASA 325mg po bid.

VO Dr Nicholas / R Cal

Date of physician's order:

5/2/06

Continue meds as taken:

mevacor 40mg $\ddot{=}$ po daily

Lasotec 20mg $\ddot{=}$ po bid.

Vistaril 25mg $\ddot{=}$ po bid.

Prozac 20mg $\ddot{=}$ po q pm.

Date of physician's order:

Elavil 100mg $\ddot{=}$ po q pm.

ASA 325mg $\ddot{=}$ po bid.

VO Dr Nicholas / R Cal

Date of physician's order:

5-5-06

Tylenol 325mg $\ddot{=}$ po bid x 7 days

7PO Dr Nicholas / R Cal

Date of physician's order:

5/24/06

Tylenol 325mg $\ddot{=}$ tabs bid x 3 days.

180 Dr. Nicholas / A Newby, MD

NAME Huffman James DATE OF BIRTH _____ PG# _____
 DATE - TIME CP ME HT BMI BP P T ALLERGIES

Formedic

9/29/05

He here got his heart meds last week.
 Was on Plavix 75, 2000, metoprolol,
 Dexam 150, syn stat 20/60
 Xanax 2 y bid

PE: /

A: ASCD

Plav - will A delay to elavil
 @ Night.

10/6/05

Hot sleeping - Not on
 any med for rest @ Night
 Xanax 11.

PE: / @

A: ASCD

Plav - elavil 100 hsc.

/ 5

In COPD maintenance therapy...

COMBIVENT
 INHALATION AEROSOL

Visit

for free patient information

Corporate Office: 3712 Ringgold Rd., #364, Chattanooga, TN. 37412

Phone: (423) 553-5635 Fax: (423) 553-5645

PATIENT REFERRAL INFORMATION FORM

This patient is currently incarcerated at the jail facility listed below. Patient has been referred to your ER/Facility regarding his/her symptoms or conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the jail facility to ensure justification. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an estimated length of stay to our Utilization Review Department at our corporate office at the # listed above. Certification, justification, and a treatment plan of continued services must be obtained to guarantee payment of the claim. Please, note we have a NO NARCOTIC policy at the jail due to the uncontrolled access to medications within the facility. Please, refer to our site medical staff for formulary adherence. Thank you for your cooperation in this matter.

TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:

Appt. Date/Time: 5/24/06 Patient's Name (Last/First): Huffman, James
11:00 AM
 DOB: 10/29/53 SS#: 418-78-9424 Sex: (M) F Inmate Loc: 3
 Treating Facility/Site: Autauga Metro Appt. Destination: Dentist - Dr. Roberson
 Appt. Address & Phone #: _____
 Medical Contact (RN/LPN): TINA Ellis, MTA Site Physician: Dr. Nichols
 Site Medical Unit Phone #: 334-358-3729 Site Medical Unit Fax #: 334-358-4827
 Reason For Referral: (Include Hx of illness/injury, present and past treatment with patient results, lab and/or x-ray results, findings from physical exam, patient limitations, allergies, medications, etc.)
Tooth Decay - Extraction?
 Service Requested: EVAL./TX

TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:

Findings: infected tooth # 29, #30 - P x ray
 Planned Treatment: 4 Vicodin - extracted # 29, #30
 Hospital Physician Orders: _____
 Hospital Contact (Include Phone #): _____ Notes: _____

Please, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # listed above. If inpatient hospitalization is required, medical staff MUST be notified immediately.

Authorization for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above jail/prison and under the terms of our County contract.

Form 65 BRIGGS, Des Moines, Iowa 50306
PRINTED IN U.S.A.

Signature _____

PROGRESS NOTES



INMATE SICK CALL SLIP – MEDICAL REQUEST

RECEIVED
12/15/05

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12/10/05 Pod/Location: 4D Cell: 403 ID# 29089

Inmate's Full Name: James G. Huffman

Complaint/Problem: My cardiologist, i.e., Doctor Finlea told me after my heart surgery that I

needed to take Plavix every day for life, why was I taken off of it? there could be any medical
How long have you had this problem? Since taken off of Plavix

Inmate's Signature: James G. Huffman Date: 12/10/05

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.9 Resp 18 Pulse 93 B/P 118/77

Instructions/Assessment: Document your findings, Inmate's responses/actions Pt education
on meds being taken. Advised I/m to have
Plavix brought from Home. To take own meds.

☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

ate Seen by Medical: 12/16/05 Seen by: [Signature]

Place original form in patient's medical record.



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 05/17/06 Pod/Location: D-3 Cell: _____ ID# _____

Inmate's Full Name: JAMES G. HUFFMAN

Complaint/Problem: I AM STILL HURTING REAL BAD IN MY GROIN WHERE I WAS HURT BY THE SURGEONS

DURING MY HEART CATH, IT BURNS AS WELL AS CRAMPS DOWN THERE, SOMETHING IS WRONG!

How long have you had this problem? SINCE SURGERY ON 04/28/06!

Inmate's Signature: James G. Huffman

Date: 05/17/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97° Resp 20 Pulse 92 B/P 126/71

Instructions/Assessment: Document your findings, Inmate's responses/actions I/m not in

acute distress @ this time - will let Dr. Nichols

evaluate. Added to MR list - M. Oak

Late Entry - Dr. Nichols saw this pt on 5-11-06

so this will be a follow up

☐ Received Orders - thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 5/19/06 Seen by: M. Oak

Place original form in patient's medical record.

I'VE HAD A TERRIBLE CAT'S LOE AND I'VE
NEVER HAD THE PROBLEMS I AM HAVING NOW.
I'M IN SEVERE PAIN, AND NEED TO BE EITHER
X-RAYED OR HAVE AN ULTRASOUND DONE ON
ME BECAUSE SOMETHING IS TERRIBLY WRONG!
PLEASE HELP ME.

Thank you,
James G. Huffman



Blood Pressure Record Form

Inmate's Name: Huffman, James D.O.B.: 10/29/53.

Orders/Instructions: BP ✓ 8 wk. Have M.D. review findings upon visit

Physician: _____

Administrator: _____

[illegible][illegible]



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 05-10-06 Pod/Location: D-3 Cell: _____ ID# _____

Inmate's Full Name: JAMES GRANT HUFFMAN

Complaint/Problem: I have an abscessed tooth, a molar, on the right bottom jaw that is very swollen and has puss in and around it. I need something for infection and pain & to see a dentist.

How long have you had this problem? for about 2 days

Inmate's Signature: James G Huffman Date: 05/10/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 98 Resp 20 Pulse 71 B/P 135/83

Instructions/Assessment: Document your findings, Inmate's responses/actions Abscess (P) 6 molar
Keflex 500mg ii BID x 7 days Paracetamol ii BID x 7 days per tx
protocol. Added to dental list - M. Oaklin

☒ Received Orders – thru Treatment Protocols; via telephone order; via verbal order

☒ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

ate Seen by Medical 5/12/06 Seen by: M. Oaklin

Place original form in patient's medical record.

ADMISSION DATA / HISTORY AND PHYSICAL FORM

135/69
71.

Exam Date: 1/3/06 S.S.#: 418-78-9424 ID#: _____
Inmate Name: Huffman, James Date Booked: _____
(Last) (First) (Middle)
Alias: _____ County: Autauga
Address: 1310 Hall Ave, Besmer, AL 36020
(Last) (First) (Middle) (City) (State) (Zip)
Telephone: _____ Birthdate: 10/29/53 Religion: _____
Education Completed: B.A. Alabama Science Special Education: _____
Marital Status: (S) M W D Separated Read/Write English: (YES) NO Other: _____
Previous Incarcerations: (Facility/Date) Dallas Co, 2004-2005

MEDICAL HISTORY

Notify in Emergency: Blankinship, Louie Uncle
(Name) (Relationship)
Address: 2562 Winchester Rd, Mont AL 36104 Phone: 396-8414
(Street) (City) (State) (Zip)
Health Insurance: _____
Family Physician: DR. Linkelea, Mont AL
(Type of Insurance) (State) (Policy Number)
(Name) (Street Address) (City) (State) (Zip) (Phone Number)
Past Hospitalizations (include surgeries): Heart, 2005. Stints in Heart.

(Location) (Street Address) (City) (State) (Zip)
Head Injury with Loss of Consciousness: NO Last Tetanus: 2005 Immunization: _____
Allergies: Codine
Current Medication(s): _____

MENTAL HEALTH EVALUATION

Hospitalization for Mental Health Reasons: YES (NO) If Yes, Why: _____
Where: NIA When: _____
(Location) (Street Address) (City) (State) (Zip) (Date)
Psychotropic Meds (Specify type and last dose): NIA yes
Prior Counseling/Out-Patient Treatment for: Yes. Anxiety
Where: Cahaba mental health, Selma AL When: Bipolar - 2005
(Location) (Street Address) (City) (State) (Zip) (Date)
Have you ever attempted suicide: NO How: _____ When: _____
(Date)
Have you recently considered committing suicide? NO
Do people consider you a violent person? NO
Have you ever been arrested for a violent crime/sexual offense? (Specify) NO
Street drugs: NO Smoker: YES, B.P.A. Cigs. Etoh: NO
(Type-Quantity) (How Often) (How Long) (Type) (Date)
Inmate's Signature: James Huffman Date: 10/03/06
Interviewer's Signature: A. Newley Date: 1/3/06
Witness: (if physical is refused): _____ Date: _____

MEDICAL HISTORY & PHYSICAL ASSESSMENT

Problems			Yes	No	Problems			Yes	No	Problems			Yes	No
Vision			✓		Hypertension				✓	Gonorrhea				✓
Hearing				✓	Anemia				✓	Syphilis				✓
Balance/Dizziness				✓	Blood				✓	Muscle Problem				✓
Blackouts				✓	Stomach Pain				✓	Joint Problem			✓	
DT's				✓	Heartburn				✓	Arthritis				✓
Headaches				✓	Ulcer				✓	Other				
Seizures				✓	Nausea/Vomiting				✓	Other				
Nervous Disorder				✓	Gall Bladder				✓	Regular Menstrual Period				
Throat			✓		Liver				✓	Irregular Menstrual Period				
Teeth			✓		Hepatitis				✓	# of days Menstrual Period				
Asthma				✓	Diabetes				✓	LMP				
Hay Fever				✓	Kidney Disease				✓	Gravida/Para				N/A
Pneumonia				✓	Bladder Infection				✓	Last Pap				
Tuberculosis				✓	Trouble Voiding				✓	Contraception				
Heart			✓		Pediculi (lice)				✓	Other				

glasses (next to Vision)
Bottom RT molar (next to Teeth)
short 2005- (next to Tuberculosis)

EXAM:Age 52 Sex M Race W Ht. 6' 0" Wt. 165Pulse 71 BP 135/69 Temp. 98.2 Resp. 18

Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color Condition Turgor Recent Inj.		normal	Chest (Breasts): Configuration Auscultation Respirations Cough/Sputum		normal
Head: Glasses Pupils Sclera Conjunctiva Vision		normal	Heart: Auscultation Radial pulses Apical pulse Rhythm		normal
Ears: Appearance Canals Hearing		normal	Extremities: Pulses Edema Joints		normal
Mouth: Teeth/Gums Dentures Plates Throat Tongue Tonsils		normal	Abdomen: Shape Palpation Hernia Bowel Sounds		normal
Nose		normal	Spine		normal
Neck: Veins Mobility Thyroid Carotids Lymph nodes		normal	Genital/Urinary System		normal

LABORATORY TESTS

	Date & Initial	Results
Was PPD planted and read timely?	1/3/06	+
VDRL / RPR		
Other Lab Tests needed:		
Pregnancy Test?		

MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)		normal
General appearance (motor behavior, mannerisms)		normal
Affect (mood)		normal
Content of thought, history of suicide, present thoughts of suicide		normal

Physical Examiner's Signature: A. Henry MDDate: 1/3/06Physician's Signature: [Signature]Date: 1/5/06

Tuberculosis Screening and Treatment

What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless;
- IV drug users
- Alcoholics;
- Prison inmates
- The elderly;
- Persons with HIV infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

Treatment:

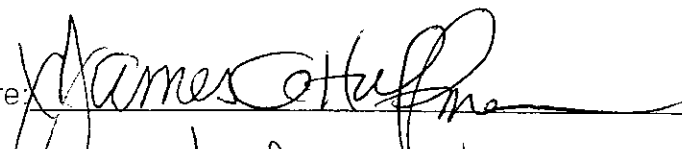
During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest x-ray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature: 

Date: 1/3/06

Witness: 

Date: 1/3/06

Confidential Medical Information

MEDICAL STAFF RECEIVING SCREENING FORM

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Southern Health Partners, Inc.

LAST NAME TIME AM/PM	FIRST NAME	MIDDLE	INTAKE DATE	SCREENING DATE
Huffman	James			
PREVIOUS INCARCERATIONS:	SEX	SOCIAL SECURITY NO.	DOB	
Autauga 06	M	418-78-9424	10/29/53	
CURRENT INSURANCE COVERAGES?	CURRENTLY UNDER PHYSICIAN'S CARE FOR CHRONIC CONDITION:			
BC/BS				

VISUAL / MEDICAL OBSERVATION: (Explain all "Yes" Answers) Circle Y or N:

	YES	NO
Is inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral? If yes:	Y	<u>N</u>
Are there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries; needle marks, body vermin? If yes:	<u>Y</u>	N
Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior? If yes:	Y	<u>N</u>
Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol? If yes:	Y	<u>N</u>
Is the inmate's mobility restricted in any way due to deformity, cast, injury, etc. If yes:	Y	<u>N</u>

ASK THE INMATE THESE QUESTIONS: (Explain all "Yes" answers)

Have you had or been treated for: (circle as appropriate) asthma, diabetes, epilepsy, <u>heart condition</u> , <u>high blood pressure</u> , mental health problems, seizures, ulcers, or other conditions? Other:	<u>Y</u>	N
Have you taken or are you taking any medication(s) prescribed for you by a physician? If yes:	<u>Y</u>	N
Are you allergic to any medications, foods, plants, etc.? If yes:	<u>Y</u>	N
Have you fainted or had a head injury within the last 72 hours? If yes:	Y	<u>N</u>
Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease? If yes:	Y	<u>N</u>
Have you been hospitalized by a physician or psychiatrist within the last year? If yes: <u>Birmingham MI</u>	<u>Y</u>	N
Have you ever considered or attempted suicide? If yes:	Y	<u>N</u>
Do you have a painful dental condition? If yes:	<u>Y</u>	N
Are you on a specific diet prescribed by a physician? If yes:	Y	<u>N</u>
Do you use drugs? How often? What kind?	Y	<u>N</u>
Do you use alcohol? How often? What kind?	Y	<u>N</u>
Females: LMP Date: Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge? If yes:	<u>Y</u>	<u>N</u>

NOTE VITAL SIGNS:

Respiration: <u>18</u>	Pulse: <u>75</u>	Temperature: <u>98.6</u>	Blood Pressure: <u>109/59</u>
------------------------	------------------	--------------------------	-------------------------------

HAVE ALL CONCERNS FROM OFFICER INTAKE FORM BEEN ADDRESSED WITH INMATE? yes

ARE ALL STATED CHRONIC CONDITIONS NOTED: yes

PPD IMPLANTED? Y OR N ARM LOCATION: R OR L IS H&P SCHEDULED FOR 14 DAYS: no

REMARKS: Bruising bilateral groin area Done on 1/3/04
from Heart Bath

I have answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to obtain medication upon release. I hereby give my consent for professional services to be provided to me by and through Southern Health Partners, Inc.

Inmate's Signature: James E Huffman Date: 5-1-04
Interviewer's Signature and Title: RA Date: _____

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY <i>D/C</i>	05/08/07 0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	06am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ENALAPRIL MALEATE 20 MG T VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY <i>D/C</i>	05/15/07 0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	06am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY <i>Continue</i>	05/03/07 0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	06am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING <i>D/C</i>	05/08/07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING <i>Continue</i>	05/03/07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325 mg. + po bid <i>Continue</i>	am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Zantac 150 mg BID q-day <i>D/C</i>	am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24								

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY	05/08/07																															
	0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ENALAPRIL MALEATE 20 MG T VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY	05/15/07																															
	0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY	05/03/07																															
	0800	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING	05/08/07																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING	05/03/07																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325 mg. ÷ po bid																																
	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Zantac 150 mg. bid																																
	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

STARTING FOR 07/01/06		THROUGH 07/31/06		PAGE 1 OF 1	
Physician NICHOLS, KEN		Telephone No.		Medical Record No.	
Physician NICHOLS, KEN		Alt. Telephone			
ergies NKA		Rehabilitative Potential			
agnosis					
Medicaid Number		Medicare Number		Approved By Doctor:	
				By: Title: Date:	
RESIDENT HUFFMAN, JAMES		D.O.B. 10/29/1953 Sex M		Room # J Patient Code HUFFJAME Admission Date 00/00/00	

[illegible]

ARTING FOR	6/7/1/06	THROUGH	7/31/06
Physician	Nichols	Telephone No.	Medical Record No.
Physician		Alt. Telephone	
Surgeries	NKA	Rehabilitative Potential	

gnosis							
Medicaid Number	Medicare Number	Approved By Doctor:					
		By:		Title:		Date:	
ESIDENT	Huffman, James	D.O.B.	10/29/53	Sex	Room	Patient	Admission
				m	# 05	Code	Date

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medrol Dose Prek. Give AS directed. 6/29/06		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ibuprofen 1200 mg bid x 7 days. 6/29/06	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Robaxin 750mg ÷ tabs bid. x 7 days. 6/29/06	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ARTING FOR		THROUGH	
/sician		Telephone No.	
Physician		Alt. Telephone	
rgies		Rehabilitative Potential	
NKA			
gnosis			
Medicaid Number	Medicare Number	Approved By Doctor:	
		By:	
ESIDENT		D.O.B.	Sex
Huffman, James.		10/29/53	M.
		Room	6
		Patient Code	
		Date:	
		Admission Date	

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY	05/08/07 0600	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ENALAPRIL MALEATE 20 MG VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY	05/08/07 0600 1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY	05/08/07 0600 1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING	05/08/07 1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING	05/03/07 1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325 mg ÷ po bid	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Zantac 150 mg bid x 10 days 5/25/06 - 6/05/06	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Zantac 150 mg bid o 6/26/06	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ARTING FOR	06/01/06	THROUGH	06/30/06	PAGE	1 OF 1
Physician	NICHOLS, KEN	Telephone No.			
Physician	NICHOLS, KEN	Alt. Telephone			
Diagnosis	NKA	Rehabilitative Potential			
Medicaid Number	Medicare Number	Approved By Doctor:			
ESIDENT	HUFFMAN, JAMES	By:	Sex	Room	Date:
		D.O.B.	10/29/1963	M	J
		Patient Code	HUFFJAME	Admission Date	00/00/00

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tylenol 325mg. P.O. bid x 3 days 5/24/06.	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Zantac 150mg. bid x 10 days 5/25/06 - 6/05/06	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Reflex 500mg ii BID x 7 days 5/26/06/6/1/06	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Percocet ii BID x 3 days	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19													

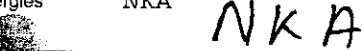
ARTING FROM 5/24/06		THROUGH 5/31/06	
/sician		Telephone No.	
Physician		Alt. Telephone	
rgies		Rehabilitative Potential	
gnosis			
Medicaid Number		Medicare Number	
Approved By Doctor:		Title:	
By:		Date:	
ESIDENT		D.O.B.	
Huffman, James		10/29/53	
Sex		Room	
M		# 3	
Patient Code		Admission Date	

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Mevacor 40mg ÷ po q day	6A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Uasotec 20mg ÷ po bid	6A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6P	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Vistaril 25mg ÷ po bid	6A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6P	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Prozac 20mg ÷ po q pm		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6P	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Elavil 100 mg ÷ po q pm		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6P	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325mg ÷ po bid	6A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6P	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tylenol 325mg ÷ po bid x 7 days	6A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Keflex 500mg ii BID x 7 days	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Percogesic ii BID x 7 days	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ARTING FOR 5-1-06		THROUGH 5-31-06	
Physician Nicholas		Telephone No.	
Physician		Alt. Telephone	
Medical Record No.			
NKA ? codeine		Rehabilitative Potential	
gnosis			
Medicaid Number		Medicare Number	
Approved By Doctor:		Title:	
By:		Date:	
D.O.B.		Sex	
Room		Patient Code	
Admission Date			
ESIDENT Huffman, James		10/29/53 M# 3	

2006 Page 46 of 57

[illegible]

PARTIAL FOR 01/01/06		THROUGH 01/31/06		PAGE 1 OF 1	
Physician NICHOLS, KEN		Telephone No.		Medical Record No.	
Physician NICHOLS, KEN		Alt. Telephone			
ergies NKA		Rehabilitative Potential			
					
agnosis					
Medicaid Number		Medicare Number		Approved By Doctor:	
				By:	
				Title:	
				Date:	
RESIDENT HUFFMAN, JAMES		D.O.B. 10/29/1953	Sex M	Room # J	Patient Code HUFFJAME
				Admission Date 00/00/00	

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LOVASTATIN 40 MG TABLET MEVACOR 40 MG TABLET TAKE 1 TABLET ONCE DAILY	11/22/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ENALAPRIL MALEATE 20 MG T VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY	12/12/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROXYZINE PAM 25 MG CAP VISTARIL 25 MG CAPSULE TAKE 1 CAPSULE TWICE DAILY	11/22/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
FLUOXETINE 20 MG CAPSULE PROZAC 20 MG PULVULE TAKE 2 CAPSULES IN THE EVENING	11/22/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET IN THE EVENING	11/04/06																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325mg po b.i.d (stock)																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	2				



MEDICAL INFORMATION TRANSFER FORM **Confidential Medical Data**

To: _____

From: Medical Unit
Antigua Metro Jail

Inmate's Name: Huffman, James DOB: _____

a/k/a: _____ S.S.#: 418-78-9424

MEDICAL PROBLEMS: HTN, Depression, Anxiety
Cardiac Stents

TREATMENTS/MEDICATIONS: Prozac 20mg $\frac{1}{2}$ $\frac{1}{2}$ qhs, Vasotec
20mg bid, Vistaril 25mg bid, Elavil 100mg
qpm, Lovastatin 40mg qam, ASA 325mg bid

ALLERGIES: NKA

PREGNANT: Yes ☒ No ☐ Unknown ☐ TB SKIN TEST: ☒ Neg ☐ Pos Date: 1/5/06

OTHER LAB DATA: _____ CXR: Neg Pos Date: _____

TESTED:		Treated		Date
RPR:	Neg Pos	Yes No		<u>NA</u>
VDRL:	Neg Pos	Yes No		
GC:	Neg Pos	Yes No		
Other:		Yes No		

PERSON COMPLETING FORM: D. Colburn MTA

Printed Name: Gail Colburn MTA Date: 2/6/06

Our Phone Number 334-358-3729

Page 49 of 57

ARTING FOR		12/01/05		THROUGH		12/31/05		PAGE		1 OF		1			
Physician		NICHOLS, KEN						Telephone No.			Medical Record No.				
Physician		NICHOLS, KEN						Alt. Telephone							
rgies		NKA						Rehabilitative Potential							
gnosis															
Medicaid Number		Medicare Number				Approved By Doctor:									
						By:									
						Title:									
						Date:									
ESIDENT		HUFFMAN, JAMES				D.O.B.		Sex		Room		Patient		Admission	
						10/29/1953		M		6020		Code HUFFJAME		Date 00/00/00	

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Plavix 75mg po daily		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Paroxetine 40mg po 8 pm. 2/10/05 11/29/05 see below		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Lovastatin 40mg po daily		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Atarax 25mg Bid.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Uasotec 20mg po bid.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Amitriptyline 100mg po 8 pm.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 325mg po bid. stock		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Fluoxetine 20mg stat Q.P.M. XFOX 11/30/05 - 11/30/06		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

ARTING FOR 11-1-05		THROUGH 11-30-05	
Physician Nichols		Telephone No.	
Physician		Alt. Telephone	
NKA.		Rehabilitative Potential	
Medical Number		Medicare Number	
Approved By Doctor:		Title:	
By:		Date:	
D.O.B.		Sex	
Room		Patient Code	
Admission Date		Date	
RESIDENT Huffman, James		10/29/53 M # 602C.	

BAP MED CNTR-SHELBY

RPT ID:

-BPA00CY3
NATL BILL DATE FROM TO
P 04/30/06 04/23 04/27
P.O. BOX 11407
BIRMINGHAM, AL
205 592-1216

PATIENT NAME PAT NUMBER ROOM ADMITTED DISCHARGED PAGE
HUFFMAN, JAMES G 57129694 244 - B 04/23/06 04/27/06 1

T TYPE INSURANCE CO. PLAN POLICY/GROUP FIN CLASS
TYPE OF ALABASTER SG SHELBY MUNIPICA S

1 FIRST STREET NORTH
ALABASTER AL
36909

DETAIL OF CURRENT CHARGES AND PAYMENTS									
DATE	DESCRIPTION	SERVICE	REV	CPT-4	QTY	UNIT PRICE	TOTAL		
4/23	ROOM 244		120		1	770.00	770.00		
4/24	ROOM 244		120		1	770.00	770.00		
4/25	ROOM 244		120		1	770.00	770.00		
4/26	ROOM 244		120		1	770.00	770.00		
4/27	ASA 325MG TABLET		250		1	1.00	1.00		
4/28	LIDOCaine 1 GM/5 ML		250		1	28.00	28.00		
4/29	DIPHENHYDRAMINE 50 MG		250	J1200	1	51.00	51.00		
4/30	MIDAZOLAM 1MG DIL(VF		250	J2250	2	24.00	48.00		
4/31	MORPHINE 2MG TUBEX		250	J2270	2	51.00	102.00		
5/01	MORPHINE 2MG TUBEX		250	J2270	2	51.00	102.00		
5/02	MORPHINE 2MG TUBEX		250	J2270	4	51.00	204.00		
5/03	MORPHINE 4 MG TUBEX		250	J2270	2	51.00	102.00		
5/04	MORPHINE 4 MG TUBEX		250	J2270	3	51.00	153.00		
5/05	CLOPIDOGREL 75MG TAB		250		1	6.00	6.00		
5/06	CLOPIDOGREL 75MG TAB		250		1	6.00	6.00		
5/07	CLOPIDOGREL 75MG TAB		250		1	6.00	6.00		
5/08	CLOPIDOGREL 75MG TAB		250		1	6.00	6.00		
5/09	PROMETHAZINE 25 MG A		250	J2550	1	51.00	51.00		
5/10	PROMETHAZINE 25 MG A		250	J2550	1	51.00	51.00		
5/11	NITROGLYCERIN 2% 1GM		250		4	4.00	16.00		
5/12	NITROGLYCERIN 2% 1GM		250		3	4.00	12.00		
5/13	NITROGLYCERIN 2% 1GM		250		3	4.00	12.00		
5/14	NITROGLYCERIN 2% 1GM		250		3	4.00	12.00		
5/15	NITROGLYCERIN 2% 1GM		250		2	4.00	8.00		
5/16	K-LYTE/CL 50 MEQ TAB		250		1	4.00	4.00		
5/17	POTASSIUM CHLORIDE 1		250		1	4.00	4.00		
5/18	POTASSIUM CHLORIDE 1		250		1	4.00	4.00		
5/19	POTASSIUM CHLORIDE 1		250		1	4.00	4.00		
5/20	POTASSIUM CHLORIDE 1		250		1	4.00	4.00		
5/21	POTASSIUM CHLORIDE 1		250		1	4.00	4.00		
5/22	POTASSIUM CHLORIDE 1		250		1	4.00	4.00		
5/23	POTASSIUM CHLORIDE 1		250		1	4.00	4.00		
5/24	POTASSIUM CHLORIDE 1		250		1	4.00	4.00		
5/25	POTASSIUM CHLORIDE 1		250		1	4.00	4.00		
5/26	POTASSIUM CHLORIDE 1		250		1	4.00	4.00		
5/27	POTASSIUM CHLORIDE 1		250		1	4.00	4.00		

Shelby HUFFMAN, JAMES G Encounter #57129694 4/23/2006 DETAIL ITEMIZED BILLS 4/30/2006

BAP MED CNTR-SHELBY

RPT ID:

IS-BPAOCY3

FINAL BILL DATE FROM TO
INP. 04/30/06 04/23 04/27P.O. BOX 11407
BIRMINGHAM, AL
205 592-1216

PATIENT NAME	PAT NUMBER	ROOM	ADMITTED	DISCHARGED	PAGE
HUFFMAN, JAMES G	57129694	244 - B	04/23/06	04/27/06	2

DATE	DESCRIPTION	SERVICE	REV	CPT-4	QTY	UNIT PRICE	TOTAL
04/23	PATIENT PRO FEE						
04/23	ALPRAZOLAM 1 MG TABL	87001806	250		4	4.00	16.00
04/24	ALPRAZOLAM 1 MG TABL	87001806	250		4	4.00	16.00
04/25	ALPRAZOLAM 1 MG TABL	87001806	250		4	4.00	16.00
04/26	ALPRAZOLAM 1 MG TABL	87001806	250		4	4.00	16.00
04/27	ALPRAZOLAM 1 MG TABL	87001806	250		2	4.00	8.00
04/23	ESOMEPRAZOLE 40MG CA	87204251	250		1	12.00	12.00
04/24	ESOMEPRAZOLE 40MG CA	87204251	250		1	12.00	12.00
04/25	ESOMEPRAZOLE 40MG CA	87204251	250		1	12.00	12.00
04/26	ESOMEPRAZOLE 40MG CA	87204251	250		1	12.00	12.00
04/27	ESOMEPRAZOLE 40MG CA	87204251	250		1	12.00	12.00
04/22	GREEN COCKTAIL 30ML	87209110	250		1	20.00	20.00
04/22	NITROGLYCERIN 0.4MG	87405593	250		1	4.00	4.00
04/23	PERCOCET 5/325 TABLE	87409181	250		6	4.00	24.00
04/24	PERCOCET 5/325 TABLE	87409181	250		2	4.00	8.00
04/25	PERCOCET 5/325 TABLE	87409181	250		6	4.00	24.00
04/26	PERCOCET 5/325 TABLE	87409181	250		4	4.00	16.00
04/27	PERCOCET 5/325 TABLE	87409181	250		4	4.00	16.00
04/23	SIMVASTATIN 40 MG TA	87509691	250		1	4.00	4.00
04/24	SIMVASTATIN 40 MG TA	87509691	250		1	4.00	4.00
04/25	SIMVASTATIN 40 MG TA	87509691	250		1	4.00	4.00
04/26	SIMVASTATIN 40 MG TA	87509691	250		1	4.00	4.00
04/27	SIMVASTATIN 40 MG TA	87509691	250		1	4.00	4.00
04/23	ZOLPIDEM 10 MG TAB (	87700126	250		2	4.00	8.00
04/24	ZOLPIDEM 10 MG TAB (	87700126	250		1	4.00	4.00
04/25	ZOLPIDEM 10 MG TAB (	87700126	250		1	4.00	4.00
04/26	ZOLPIDEM 10 MG TAB (	87700126	250		1	4.00	4.00
04/24	DEODORANT	04100970	270		1	4.00	4.00
04/24	MOUTHWASH	04116109	270		1	4.00	4.00
04/26	MOUTHWASH	04116109	270		1	4.00	4.00
04/23	IV PUMP TUBING	04116521	270		1	4.00	4.00
04/24	POWDER	04116901	270		1	4.00	4.00
04/26	POWDER	04116901	270		1	4.00	4.00
04/24	TOOTHPASTE	04130670	270		1	4.00	4.00
04/26	TOOTHPASTE	04130670	270		1	4.00	4.00
04/25	URINAL	04137113	270		1	4.00	4.00
04/26	URINAL	04137113	270		1	4.00	4.00

Shelby HUFFMAN, JAMES G Encounter #57129694 4/23/2006 DETAIL ITEMIZED BILLS 4/30/2006

RPT ID:

BAP MED CNTR-SHELBY

IS-BPA0CY3

FINAL BILL DATE FROM TO
INP. 04/30/06 04/23 04/27P.O. BOX 11407
BIRMINGHAM, AL
205 592-1216

PATIENT NAME	PAT NUMBER	ROOM	ADMITTED	DISCHARGED	PAGE
HUFFMAN, JAMES G	57129694	244 - B	04/23/06	04/27/06	3

DATE	DESCRIPTION	SERVICE	REV	CPT-4	QTY	UNIT PRICE	TOTAL
PATIENT PRO FEE							
04/24 PREP RAZOR		04192613	270		1		
04/27 PREP RAZOR		04192613	270		1		
04/22 PULSE OXIMETER, SINGL		05130083	270		1	40.00	40.00
04/22 OXYGEN (PER VISIT)		05211131	272		1	95.00	95.00
04/25 CVS CARDIAC GUIDEWIR		71671382	272		2	500.00	1000.00
04/23 CBC W/AUTO DIFF		90130204	305	C1769	1	59.00	59.00
04/23 CREATINE PHOS-K B		90131798	301	85025	1	47.00	47.00
04/24 CREATINE PHOS-K B		90131798	301	82550	1	47.00	47.00
04/23 Prothrombin Time		90132671	305	82550	1	28.00	28.00
04/23 Partial Thromb Tim		90132853	305	85610	1	34.00	34.00
04/24 BASIC METABOLIC PANE		90134776	300	85730	1	100.00	100.00
04/23 CPKMB ER		90137332	301	80048	1	62.00	62.00
04/24 CPKMB ER		90137332	301	82553	1	62.00	62.00
04/23 TROPONIN		90155003	301	82553	1	55.00	55.00
04/24 TROPONIN		90155003	301	83520	2	110.00	220.00
04/23 MYOGLOBIN B		90155011	301	83520	1	55.00	55.00
04/24 MYOGLOBIN B		90155011	301	83874	2	54.00	108.00
04/23 COMPREHENSIVE METABO		90170408	301	83874	1	54.00	54.00
04/23 Veni Fee		90170408	301	80053	1	68.00	68.00
04/24 Veni Fee		95130035	300	36415	1	15.00	15.00
04/25 AORTO ABD+ILIOFEMORA		95130035	300	36415	2	15.00	30.00
04/22 CHEST SINGLE VIEW		71104301	323	75630	1	3476.00	3476.00
04/22 ER PROCEDURE LEVEL I		66904509	324	711010	1	180.00	180.00
04/25 CVS INTRO EXTREMITY		05106034	361		1	114.00	114.00
04/26 US PSEUDOANEURYSM		71671051	361	36140	1	279.00	279.00
04/22 ER FEE-CLASS VI CRIT		66307505	402	76936	1	426.00	426.00
04/25 LEFT HEART CATH PERC		05105002	450	99291	1	1932.00	1932.00
04/25 LV/LA GRAM		71109003	481	93510	1	5216.00	5216.00
04/25 CORONARY ANGIOGRAM S		71110308	481	93543	1	5490.00	5490.00
04/25 CVS HEART CATH		71110506	481	93545	1	5698.00	5698.00
04/25 PULMON/AORTO/ANGIO/B		71671325	481	93555	1	1277.00	1277.00
04/22 INJECT INTRAVENOUS		71671333	481	93556	1	1277.00	1277.00
04/25 CVS ISOVUE 370 PER M		05130273	940	C8952	1	16.00	16.00
04/25 CVS VISIPAQUE 320 PE		71677926	255	Q9950	75	1.00	75.00
04/22 ONDANSETRON 1MG/0.5M		71677934	255	Q9949	110	1.00	110.00
04/22 EKG 12 LEAD		87110540	250	J2405	4	48.00	192.00
		05130026	730	93005	2	77.00	154.00

RPT ID:

-BPA0CY3

DATE	FROM	TO
04/30/06	34/23	04/27

P.O. BOX 11407
BIRMINGHAM, AL
205 592-1216

PATIENT NAME
FRIAN, JAMES G

PAT NUMBER
57129694

ROOM
244 - B

ADMITTED	DISCHARGED
04/23/06	04/27/06

PAGE
4

Page 54 of 57

DATE TIME	DESCRIPTION
10/02/2006	PRO FEE
11	TELEMETRY
15	TELEMETRY
26	TELEMETRY
27	TELEMETRY
24	US DOPP ART SEGMENT

SERVICE	REV	CPT-4	QTY	UNIT PRICE	TOTAL
05130042	730	93041	1	95.00	95.00
23200058	730	93041	1	144.00	144.00
23200058	730	93041	1	144.00	144.00
23200058	730	93041	1	144.00	144.00
23200058	730	93041	1	144.00	144.00
66312000	921	93923	1	804.00	804.00

Shelby HUFFMAN, JAMES G Encounter #57129694 4/23/2006 DETAIL ITEMIZED BILLS 4/30/2006

RPT ID:

BAP MED CNTR-SHELBY

IS-BPACCY3

FINAL BILL DATE FROM TO
INP. 04/30/06 04/23 04/27P.O. BOX 11407
BIRMINGHAM, AL
205 592-1216PATIENT NAME
HUFFMAN, JAMES GPAT NUMBER
57129694ROOM
244 - BADMITTED DISCHARGED
04/23/06 04/27/06PAGE
5

FIN CLASS

S

INSURANCE CO. PLAN POLICY/GROUP

SG SHELBY MUNPICA

PAT TYPE
CITY G OF ALABASTER
R
201 FIRST STREET NORTH
ALABASTER AL
35007

TOTAL

UNIT
PRICEDATE DESCRIPTION
PATIENT PRO FEE

CPT-4

REV

SERVICE

QTY

SUMMARY OF CHARGES

TOTAL

PATIENT

ROOM-BOARD/SEMI
4 DAYS @ 770.00/DAY

3,080.00 3,080.00

1,471.00 1,471.00

40.00 40.00

1,095.00 1,095.00

121.00 121.00

613.00 613.00

145.00 145.00

3,476.00 3,476.00

180.00 180.00

393.00 393.00

426.00 426.00

1,932.00 1,932.00

18,958.00 18,958.00

16.00 16.00

185.00 185.00

825.00 825.00

804.00 804.00

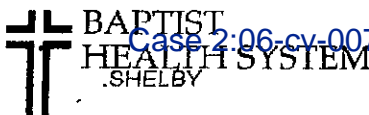
SUB-TOTAL OF CHARGES

33,760.00 33,760.00

TOTALS

33,760.00 33,760.00

PAY THIS



ACCOUNT SUMMARY

Patient Name: HUFFMAN, JAMES G
Account Number: 57129694
Service Date(s): 04/23/06 - 04/27/06
Attending Physician: TURNER, DR. MICHAEL JAMES
Statement Date: 07/04/06

Total Charges: 33,760.00
Insurance Payments: 0.00
Patient Payments: 0.00
Adjustments: 0.00
Current Account Balance: 33,760.00
Current Patient Balance Due: \$33,760.00

INSURANCE INFORMATION

Primary: SG SHELBY MUN

MESSAGES

Baptist Health System is committed to its mission of providing emergency healthcare to all who need it regardless of ability to pay. If you believe you might qualify for financial assistance on this and/or other Baptist Health System bills, please call 205-592-1216 or 800-443-1039. We will explain the evaluation process and forward the appropriate forms that are necessary for your consideration of financial assistance. Thank You.

If your check is returned for non-sufficient funds, you expressly authorize your account to be electronically debited or bank drafted for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgement and acceptance of this policy and its terms and conditions.

MENSAJES

El Baptist Health System está dedicado a su misión de ofrecer cuidado de la salud de emergencia a todas las personas, sin importar su capacidad de poder pagar. Si piensa que podría ser elegible para recibir ayuda financiera en estas facturas y/u otras facturas del Baptist Health System, por favor llame al 205-592-1216. Le explicaremos el proceso de evaluación y le enviaremos los formularios apropiados necesarios para que se le considere para recibir ayuda financiera. Muchas gracias.

Si se devuelve su cheque por falta de fondos, usted autoriza expresamente que su cuenta se cargue electrónicamente o que se ejecute un giro bancario por el monto del cheque además de las tarifas aplicables. El uso de un cheque para el pago es su confirmación y aceptación de esta política y de sus términos y condiciones.

33083*1UC0CSQK3000700

BAPTIST
HEALTH SYSTEM
SHELBY
P.O. BOX 11407
BIRMINGHAM, AL 35246-0145

RETURN SERVICE REQUESTED

STATEMENT DATE: 07/04/06

☐ Please check box if below address is incorrect or insurance information has changed, and indicate change(s) on reverse side

ADDRESSEE:

JAMES G HUFFMAN
136 N COURT STREET
PRATTVILLE, AL 36067-3002

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> AMERICAN EXPRESS		
CARD NUMBER	SECURITY CODE	
SIGNATURE	EXP DATE	
PATIENT NAME HUFFMAN, JAMES G		DATE DUE 07/19/06
ACCOUNT NUMBER 57129694	AMOUNT DUE \$33,760.00	AMOUNT PAYING \$

6227376

REMIT TO:

BAP MED CNTR-SHELBY
P.O. BOX 11407
BIRMINGHAM, AL 35246-0145

57129694028102400337600001

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PRIMARY: CITY OF ALABASTER

POLICY # 418789424

GP:

CP:

☐ IF YOUR INSURANCE, POLICY NUMBER, GROUP NUMBER OR CO-PAY HAVE CHANGED - PLEASE CORRECT ON THE REMIT SLIP. THANK YOU.

ADDRESSEE:

JAMES G. HUFFMAN
136 N COURT STREET
PRATTVILLE, AL 36067

CARD NUMBER		AMOUNT	
NAME ON CARD		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #	
07/07/2006	\$434.00	1304679	
TAX I.D.		SHOW AMOUNT PAID HERE \$	

REMIT TO:

CALERA FAMILY HEALTH, PC
PO BOX 1450
CALERA, AL 35040-____

☐ PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CORRECTIONS OR CHANGES ON THE REVERSE SIDE

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION				CHARGES	INSURANCE	PATIENT
04/23/2006	99223S	HOSPITAL ADMISSION, COMPREHENS - MICHAEL J TURNER, MD			\$172.00		\$172.00
04/24/2006	99232	SUBSEQ HOSP CARE-COMPLEX - MICHAEL J TURNER, MD			\$62.00		\$62.00
04/25/2006	99232	SUBSEQ HOSP CARE-COMPLEX - MICHAEL J TURNER, MD			\$62.00		\$62.00
04/26/2006	99232	SUBSEQ HOSP CARE-COMPLEX - MICHAEL J TURNER, MD			\$62.00		\$62.00
04/27/2006	99238	HOSP DISCHARGE 30 OR LESS - MICHAEL J TURNER, MD			\$76.00		\$76.00
</							

NOTES:115

WE ARE REQUIRED BY YOUR INSURANCE COMPANY TO COLLECT ALL CO-PAYS, DEDUCTIBLES, AND CO-INSURANCE AT TIME OF SERVICE. PRIVATE PAY PATIENTS ARE REQUIRED TO PAY AT TIME OF SERVICE.

CALERA FAMILY HEALTH, PC
PO BOX 1450
CALERA, AL 35040-____
(205)868-0941__